DEC - 1 2006

K063012

510(k) Summary:

Application Date:	September 29, 2006
Sponsor:	nContact Surgical, Inc. 2880 Slater Road, Suite 103, Morrisville, NC 27560
Correspondent:	Jane Ricupero Director of Regulatory & Quality 2880 Slater Road, Suite 103, Morrisville, NC 27560
Contact Numbers:	Phone: 919 466-9810 x3013 Fax: 919 466-9811 E-mail: jane@ncontact.us
Device Proprietary Name:	nContact Coagulation System Model number: CSK
Device Common Name:	Electrosurgical device and accessories
Device Classification:	21 CFR 878.4400
Product Code:	GEI
Classification Name:	Electrosurgical cutting and coagulation device and accessories
Predicate Device(s):	Electrosurgical Cutting & Coagulation Device
Predicate Device Classification:	21 CFR 878.4400
Predicate Device Descriptions:	1. Medtronic, Inc., Cardioblate Radiofrequency Ablation System (K013392) 2. Endoscopic Technologies, Estech Cobra Adhere Surgical System (K041599, K053326)

Device Description:

The nContact Coagulation System consists of a sterile, single-use, disposable coagulation electrode device (2cm & 5cm sizes provided) intended to be used to coagulate cardiac tissue. The flexible, cooled electrode device, with a suction stabilizer feature, transmits radiofrequency (RF) energy from an Electrosurgical Generator (non-sterile, re-useable) connected through an Instrument Cable (sterile).

Intended Use:

The nContact Coagulation System is intended for the coagulation of cardiac tissue using radiofrequency (RF) energy.

Non-clinical Performance:

The nContact Coagulation System has been compared to the listed predicate devices with respect to intended use, technological characteristics, and principle of operation. Performance testing was completed to validate its intended use. All of the features specified for the subject device are covered by those listed in at least one predicate device.

Substantial Equivalence:

The nContact Coagulation System may be considered substantially equivalent to the predicate devices based on performance and comparative data, and does not raise new questions of safety and efficacy.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

FEB 21 2008

nContact Surgical, Inc.
c/o Ms. Jane Ricupero
2880 Slater Road, Suite 103
Morrisville, NC 27560

Re: K063012
Trade/Device Name: nContact Coagulation System
Regulation Number: 21 CFR 878.4400
Regulation Name: Electrosurgical cutting and coagulation device and accessories
Regulatory Class: Class II (two)
Product Code: OCL
Dated: September 29, 2006
Received: October 2, 2006

Dear Ms. Ricupero:

This letter corrects our substantially equivalent letter of December 1, 2006.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to continue marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Bram D. Zuckerman, M.D.
Director
Division of Cardiovascular Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K063012

Device Name: nContact Coagulation System

Indications for Use: The nContact Coagulation System is intended for the coagulation of cardiac tissue using Radiofrequency (RF) energy.

Prescription Use ___X___ (Part 21 CFR 801 Subpart D) AND/OR Over-The-Counter Use _____ (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)
Division of General, Restorat[illegible]
and Neurological Devices

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